

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: A0133 Type of Application: License/Certification  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Veterinarian/Veterinary Technician

Agency Address Set Contributing Agency:

Veterinary Medical Board

06386

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

1420 Howe Avenue #6

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento CA

95825-3228

(916) 263-2610

City State Zip Code

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female Misc. No. **BIL-** Applicant must pay  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: N/A  
Street or P.O. Box

Place of Birth: \_\_\_\_\_ N/A  
City, State and Zip Code

SOC# \_\_\_\_\_

Your Number: N/A  
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☒ FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/A

N/A

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

City State Zip Code

( ) N/A  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_